						M 🚐							, 	~
	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						:	APPLICANT(S)						
		. 01. 00	W 11111	7 01047	0-073)		LAI	10						
	AS FILED		AFTER AFTER 1st AMENDMENT 2nd AMENDMEN			TER		is	ļ. ļ.		1.	•		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	[ļ	 	1	 	1		·
1	1	J	1.10.	Der.	iido.	DEP.	4	 	IND.	OEP.	IND.	DEP.	IND.	DE
_ <u>-</u> _		 	 	 				51	 	 	╆			├
3			 	-				52	 	 	 	-	 	
4		-				<u> </u>		53	 	 -	 	-	 	
5	-, -			\vdash				54	 	 	 		 	╁
6	- 	1		<u> </u>				55			 	 	 	\vdash
7		7		-				56	ļ		 			├
8		-			-			57			 		 	-
9	/		\vdash					58 59			 			
10		_			-				ļ		 		 	
11		_						60			 		 	
12								61			-		 	
13	7	-						62						
14		_						63 64			 		 	
15		7						65			 		 -	
16		-;			·			66			 			
17	/							67			 	<u> </u>		_
18								68			.			
19		·						69			 			├
20								70			 			
21	. /							71			-			
22	_ [/						72						
23		/						73						
24	1	,					1	74				-		
25	1							75						ļ
26		1						76						
27								77						
28		7						78						
29	1						- 1	79						
30								80						
31		1	Î				1	81						
32						•		82						
33							ı	. 83	İ					
34							ı	84	<u> </u>					
35								85						
36							1	86						
37								87	-	-				
38							ı	88						
89							l	89						
40								90						
41							1	91						
42								92						
43							t	93	-					
44							ı	94						
45						$\neg \neg$	ı	95	$\neg \neg$			<u> </u>		
46							t	96						
47							- 1	97						. —
48							Ì	98						
49							ı	99						
50							ı	100						
OTAL ND.				,			ı	TOTAL						
OTAL	27	ا لـ		ا ليہ		الي	ŀ	TOTAL		ا ليـ		_		_
OTAL							Į	DEP.						_
LAIMS	36		. 1		.		1	TOTAL	1					